

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: Scoring Of Sensed Neurological Signals For Use
With A Medical Device System

Attorney Docket Number:: 11738.00139

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 4005 W. 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: Kansas
Country of Residence:: USA
Street of mailing address:: 2513 Via Linda Drive

City of mailing address:: Lawrence
State or Province of mailing address:: Kansas
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Nina
Middle Name:: M.
Family Name:: Graves
Name Suffix::

City of Residence:: Minnetonka
State or Province of Residence:: Minnesota
Country of Residence:: USA
Street of mailing address:: 4312 Ridge Ct.

City of mailing address:: Minnetonka
State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55391

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canadian
Status:: Full Capacity
Given Name:: Jonathon
Middle Name:: E.
Family Name:: Giftakis
Name Suffix::
City of Residence:: Brooklyn Park
State or Province of Residence:: Minnesota
Country of Residence:: USA

Street of mailing address:: 3701 78th Avenue N

City of mailing address:: Brooklyn Park

State or Province of mailing address:: Minnesota

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 55443

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|--------------------|----------------------|----------------------|
| This Application | Non-Provisional of | 60/503,999 | 09/19/03 |
| This Application | Non-Provisional of | 60/418,506 | 10/15/02 |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |

Assignee Information

Assignee name:: Medtronic, Inc.

Street of mailing address:: 710 Medtronic Parkway NE
LC 340

City of mailing address:: Minneapolis

State or Province of mailing address:: Minnesota
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 55432